CITY OF LOS ANGELES
INTERDEPARTMENTAL CORRESPONDENCE
ELECTRONIC FUNDS TRANSFER REQUEST

DATE: 12/14/2020

TO: Saul Romo, Director of Treasury Services
Office of Finance

Attn: Wire/ACH Transfer Coordinator

200 N. Spring Street, Room 201, City Hall, Mail Stop 750
Los Angeles, CA 90012
Tel. (213) 978-1700
Fax (213) 978-1729

SEND VIA WIRE:__ ACH: _____ FMS WIRE:___X___

SEND ON: 12/16/2020 8:00 AM

ABA Number: [redacted]

Account Number: [redacted]

AMOUNT: $10,152,255.30

Template Name: **HO2 Commonwealth Land Title**

ATTN: Sub Account:
Contact Name: Cheryl A. Greer
Message: For further credit to Escrow No. 09174186-CG (Ramada)

FINANCE USE ONLY:		
Transfer No:		
Date Received:	Date:	Init:
EFT Log Entry:	Date:	Init:
Verify Contra:	Date:	Init:
Funds Available:	Date:	Init:
Input/Edited by:	Date:	Init:
Verified 1 by:	Date:	Init:
Verified 2 by:	Date:	Init:
Released by:	Date:	Init:
Post Audit:	Date:	Init:

In the event telephone initiation is required, no addenda information will be transmitted

CONTRA: _____

EFT Notification Schedule (Incl.All Req. Doc.)	
Incoming Wire	*2 days*
Wire-out Less than $10 m	*3 days*
Wire-Out $10-$20 m	*4 days*
Wire-OutGreater than $20 m	*6 days*
ACH Out	*4 Days*

REQUESTED BY:	Elyse Matson	CAO	213-473-7460	12/14/2020
	Name	Department	Phone	Date

I certify this request is valid, verified and authorized and adheres to the EFT Policy

AUTHORIZED BY:	Meg Barclay	CAO	213-978-1681	
	Name	Department	Phone	Signature

Alterations to the format of this form will invalidate the EFT request.

Form EFT OUT-EFT 07-2017